## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/537873

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                                       |  |   |  |                               |                     |                                |            | SMALL ENTITY TYPE |                        | OR         | OTHER THAN R SMALL ENTITY  |                        |
|---|--|---|--|-------------------------------|---------------------|--------------------------------|------------|-------------------|------------------------|------------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |  |                               |                     |                                |            | RATE              | FEE                    |            | RATE                       | FEE                    |
| BAS   | IC FEE   |   | SMALL ENT.                                 | = \$ 150                      | LARG                | SE ENT. = \$ 300               |            | BASIC FEE         |                        | OR         | BASIC FEE                  | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Ar<br>(4) = \$50             |                               |                     | ther situations = 100 / \$ 200 | ·          | EXAM. FEE         |                        |            | EXAM. FEE                  | FW.                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                     | ı                   | her situations = 250 / \$ 500  | S          | SEARCH FEE        |                        |            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =                                |                               | •                   | / 50 =                         |            | X \$ 125 =        |                        |            | X \$ 250 =                 |                        |
| тот   | AL CHARGEAE                                    | BLE CLAIMS                                | /8 minus 20 =                              |                               |                     | - ·                            |            | X \$ 25 =         |                        | OR         | X \$ 50 =                  | <del>,</del> ,         |
| INDI  | EPENDENT CL                                    | AIMS                                      | # minus 3 = *                              |                               |                     |                                | Ī          | X \$ 100 =        |                        | OR         | X \$ 200 =                 | 200                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |  |                               |                     | Ī                              | + \$ 180 = |                   | OR                     | + \$ 360 = |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in                       |  |   |  |                               | O" in co            | olumn 2                        | l.         | TOTAL             |                        | OR         | TOTAL                      | 1100                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |  |   |  |                               |                     |                                |            | SMALL ENTITY      |                        |            | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA               |            | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | ##                            |                     | =                              |            | X \$ 25 =         |                        | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus                                      | ***                           |                     | = .                            | ſ          | X \$ 100 =        |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                     |                                |            | + \$ 180 =        |                        | OR         | + \$ 360 =                 |                        |
|   |  |   |  |                               |                     |                                | ٦          | FEE               |                        | .OR        | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                |  | (Colur                        | mn 2)               | (Column 3)                     |            |                   |                        |            |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA               |            | RATE              | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                                      | 44                            |                     | = .                            |            | X \$ 25 =         |                        | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus                                      | ***                           |                     | =                              |            | X \$ 100 =        |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                     |                                |            | + \$ 180 =        | •                      | OR         | + \$ 360 =                 |                        |
|   |  |   |  |                               |                     |                                |            | FEE               |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |  |                               |                     |                                |            |                   |                        |            |                            |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.